



**Parent Non-filer Resources  
For Tax Year 2017**

**PNFR20**

*Please Use Black or Blue Ink*

Student Name:

<b>OSU Banner ID</b> (“A” plus 8 digits)							
<b>A</b>							

Your parent has indicated that, because he or she doesn’t have a Social Security Number, an Individual Taxpayer Identification Number, or an Employer Identification Number, AND the income is below the IRS filing threshold, he or she is unable to obtain the 2017 **Verification of Non-filing Letter** from the IRS.

Individuals in this situation must submit a statement certifying that they do not have a Social Security Number, an Individual Taxpayer Identification Number, or an Employer Identification Number, and provide a listing of the sources and amounts of earnings, other income and resources that were used to support the household during the 2017 tax year (January 1, 2017 – December 31, 2017).

Please complete and sign this form. **We can’t determine aid eligibility until all requested documents are received and reviewed.**

**Part I: Certification of Inability to Obtain IRS 2017 Verification of Non-filing Letter**

**Certification of Inability to Obtain IRS 2017 Verification of Non-filing Letter:**

I certify that I do not have a Social Security Number, an Individual Taxpayer Identification Number, or an Employer Identification Number and, as such, cannot obtain a 2017 Verification of Non-filing Letter from the IRS. I understand that, if my income is equal to or greater than the IRS filing threshold, I will be required to request a Social Security Number, Individual Taxpayer Identification Number, or Employer Identification Number and file an income tax return before the student is eligible to receive Federal Title IV financial aid.

\_\_\_\_\_  
**Parent’s Signature** *(electronic signature not acceptable)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent who Signed Above**

**Part II: Required Resource Information**

Provide information, on the next page, about any resources, benefits, and other amounts received by any members of the parent’s household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and includes such things as:

- Federal veterans’ education benefits (GI Bill benefits),
- Basic military housing allowances or the value of on-base military housing,
- Section 8 housing assistance,
- SNAP (food stamps),
- TANF,
- Social Security benefits,
- Retirement benefits,
- Federal aid received by others in your household,
- Gifts and/or loans received by family members and/or friends,
- Others, etc.

If more space is needed, provide a separate page with the student’s name and OSU Banner ID at the top.

**This is a two-page form.**

Student Name \_\_\_\_\_

OSU Banner ID \_\_\_\_\_

**Do not leave the following section blank.  
 Either list recipients and types and amounts of support OR check the box and explain how your household's basic daily needs (i.e., food and shelter) are being met.**

Other Resources, Benefits and Financial Support Received in Calendar Year 2017 (Refer to list of possible resources on previous page)		
Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2017
		\$
		\$
		\$
		\$
		\$
<b>Total Amount of Financial Support Received</b>		<b>\$</b>
<input type="checkbox"/> Neither the parent, nor any members of the parent's household, received any other resources, benefits or other types of financial support in calendar year 2017. <i>If this box is checked, please explain below how the household's basic daily needs (i.e. food and shelter) are being met.</i>		
<b>Explanation:</b> _____ _____ _____ _____ _____ _____ _____		

**Certification/Signature:**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
**Student's Signature** *(electronic signature not acceptable)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature** *(electronic signature not acceptable)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent Who Signed Above**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

**Return to:**

Office of Scholarships and Financial Aid  
 119 Student Union, Stillwater, OK 74078-5061  
**Fax: (405) 744-6438** *(if you fax, please do not mail the form)*

**Questions?**

Email: [finaid@okstate.edu](mailto:finaid@okstate.edu)  
 Phone: (405) 744-6604  
 Web: [financialaid.okstate.edu](http://financialaid.okstate.edu)